

## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031383

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1030

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 5117

2 8150

3

4 1

5 2

6

7 1

8 2

9 5702

10

11

12 9-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

F. Yoder, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 3 1963

1. PLACE OF DEATH

a. COUNTY

BUCHANAN

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. JOSEPH,Length of stay in 1b  
24 HRS.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITALInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

KANSAS

b. COUNTY

DONIPHAN

admission)

c. CITY  
OR TOWN

WATHENA

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS(If outside, give location)  
R.R. #3Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

ARTIE

Middle

FREDERICK

Last

4. DATE  
OF DEATH

Month

AUGUST

Day

21

Year

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

FEB. 18, 1878

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (City and state or country)

DONIPHAN COUNTY, Ks.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN T. LEWIS

13b. MOTHER'S MAIDEN NAME

PATTIE JANE

BLANKENSHIP

14. NAME OF HUSBAND OR WIFE

FRANK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

No

17. INFORMANT

Wm. I. POTTER

Address

3919 CAMPBELL  
KANSAS CITY, MO.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Mesenteric Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

24 hrs.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 23 Sept 61 to death and last saw him alive on 21 Aug 63  
Death occurred at 2:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

AUG. 21, 1963

23c. NAME OF CEMETERY OR CREMATORY

BELLEFONT CEMETERY

23d. LOCATION (City, town, or county)

WATHENA, KANSAS

(State)

24. FUNERAL DIRECTOR

ADDRESS

HARMAN FUNERAL HOME

WATHENA, KANSAS

25. DATE RECD. BY LOCAL REG.

Aug 29, 1963

26. REGISTRAR'S SIGNATURE

Mrs Clark Goodell

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Permit issued 8-21-63

811  
812

1  
3  
1  
4

2-2

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles M. Johnson

Licensed Embalmer No. 4487

P. O. Address Waltham, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.